

BQA Quarterly Information Update

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Bureau of
Quality Assurance

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<http://dhfs.wisconsin.gov>

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Electronic Subscription Service

We are pleased to announce a new electronic subscription listserv for BQA numbered memos, quarterly updates, and Pharmacy Newscapsules. This service will allow Internet users to receive E-mails announcing new items. Viewers will no longer need to review the BQA memos website on a regular basis to check on recent postings.

This listserv was announced via a Division of Disability and Elder Services (DDES) Information Memo, 2006-11, available via http://dhfs.wisconsin.gov/dsl_info/InfoMemos/InfoMemos_2006.htm.

The site to sign up to receive BQA and DDES memos is at http://dhfs.wisconsin.gov/dsl_info/signup.htm. If you have signed up for BQA memos, and have not received any notifications within a month or so, you may want to try signing up again. Remember that you will need to unsubscribe yourself should your E-mail address change.



FOCUS 2006 Conference – Still Time to Register

There is still time to register for the 6th Annual Conference for health care providers on August 29th and 30th, 2006, at the Radisson Paper Valley Hotel in Appleton, Wisconsin. Please visit http://dhfs.wisconsin.gov/rl_DSL/Training/index.htm for registration information before August 16, 2006. You may also call Leann Graffin at (608) 267-1438.

Survey Guides Now Available on the Internet!

Effective immediately, survey guides for the following provider types are available on the Internet. As a result, surveyors will no longer be routinely providing a paper copy of the entire document at survey entrance, unless the provider does not have Internet access and requests a copy. Surveyors will provide the cover page and a contact page, which includes the website address, the (lead) surveyor's name, the surveyor's supervisor, and contact information for both.

The following survey guides are available on the Internet at:

- Nursing Homes: http://dhfs.wisconsin.gov/rl_DSL/Providers/pde2014.pdf
- Home Health and Hospice: http://dhfs.wisconsin.gov/rl_DSL/Providers/pde3075.pdf
- Hospital and other health services providers:
http://dhfs.wisconsin.gov/rl_DSL/Providers/pde2033.pdf
- Critical Access Hospitals (including Swing Bed Critical Access Hospitals)
http://dhfs.wisconsin.gov/rl_DSL/Hospital/pde3167.pdf
- Facilities for persons with Developmental Disabilities:
http://dhfs.wisconsin.gov/rl_DSL/FDDs/pde3051.pdf
- Assisted Living Facilities: http://dhfs.wisconsin.gov/rl_DSL/Providers/pde3186.pdf
(adult day care programs, adult family homes, community based residential facilities, and residential care apartment complexes)
- AODA/Mental Health Agency Certification:
http://dhfs.wisconsin.gov/rl_DSL/Providers/pde3174.pdf

BQA Numbered Memos May-July 2006

Memo	Title	Providers Affected
06-004	Medicare Part D Issues: Timely Services and Medication Coverage Issues	Adult Day Care Programs, Adult Family Homes, Community Based Residential Facilities, Nursing Homes, Residential Care Apartment Complexes
06-005	Informal Dispute Resolution (IDR) Update	Facilities Serving People with Developmental Disabilities, Nursing Homes
06-006	Variance of Chapter HFS 124, Wisconsin Administrative Code: Authentication of Physician Orders	Hospitals
06-007	Health Facility Construction Plan Reviews and Onsite Inspections	Ambulatory Surgery Centers, Community Based Residential Facilities, End Stage Renal Dialysis Units, Hospitals, Nursing Homes
06-008	DHFS 24-Hour Emergency Telephone Hotline for Reporting Public Health & Human Services Emergencies	All Provider types
06-009	Statewide Variance of HFS 124 & HFS 83, Mantoux Tuberculin Skin Test	Hospitals, Community Based Residential Facilities

Memo	Title	Providers Affected
06-010	Assisted Living Industry - "State of the State"	Adult Day Care Programs, Adult Family Homes, Community Based Residential Facilities, Residential Care Apartment Complexes
06-011	Sharing of Toilet Facilities	Nursing Homes
06-012	Immediate Jeopardy Citations	Nursing Homes
06-013	Modular Education Program for Activity Professionals	Nursing Homes
06-014	Medicaid Eligibility for Nursing Home Care Determination	Nursing Homes
06-015	Federal Caregiver Background Check Pilot Quarterly Data Collection Tool	Caregiver Background Check Pilot Entities
06-016	Insulin and Assisted Living	Adult Day Care Programs, Adult Family Homes, Community Based Residential Facilities, Residential Care Apartment Complexes
06-017	Standard Precautions Training in Adult Family Homes (AFHs)	Adult Family Homes
Upcoming Memos:		
“Patient Privacy During Inpatient Psychiatric Treatment” (hospitals, mental health treatment programs)		
“Medication Return, Disposal & Donation” (nursing homes)		
“Resident Medication Regimen & Administrative Review” (CBRFs)		
“Hospice Aides & Topical Medication Administration” (Hospices)		

Access these memos via http://dhfs.wisconsin.gov/rl_DSL/Publications/BQAnodMems.htm, or from individual providers' publications pages via http://dhfs.wisconsin.gov/rl_DSL/.

The following BQA memos have been **made obsolete**:

- 06-002, “Variance of Chapter HFS 124, Wisconsin Administrative Code: Authentication of Physician Orders - Effective Date – Immediate,” replaced by [06-006](#).
- 90-024, “Statewide Waiver of HSS 132.84(2)(e)1., Amended to Include HSS 132.84(2)(f)2” (Sharing of Toilet Facilities), replaced by [06-011](#).
- RAI and MDS Automation memos 98-009, 98-018, 98-037, 98-042, 99-050, and 00-037 have been retired as they contained out-of-date information.
- OASIS memos 98-047, 98-058, 99-005, 99-006, 99-018, 99-027, 99-055, 99-067 and 01-029 have been retired as they contained out-of-date information.

DDES Info Memo 2006-15: Statutory Changes Affecting Counties and DHFS Licensed or Certified Providers

On July 26, 2006, the Division of Disability and Elder Services issued DDES Info Memo 2006-15 to counties and DHFS-licensed and certified providers, identifying nine recently-passed

Wisconsin Acts. Changes have been made to several laws regarding adult protective services, including administration of psychotropic medication, court-ordered protective placements and guardianship, and confidentiality requirements for treatment records.

The memo provides a brief overview of the statutory changes, effective dates and includes links to access each Act. Facilities will find that many of the new laws may have considerable impact on how they provide services and operate programs. DDES Info Memo 2006-15 can be found at http://dhfs.wisconsin.gov/dsl_info/InfoMemos/InfoMemos_2006.htm.

Caregiver Project Abuse and Neglect Prevention Training

This spring, 500 caregivers participated in the first phase of an innovative abuse and neglect prevention training program. This training program, known as the Caregiver Project, is made possible through the Caregiver Background Check Pilot grant funds. As a result, the same long-term care providers that are required to fingerprint newly hired caregivers are also eligible to send caregivers to free abuse and neglect prevention training through the Caregiver Project.

The purpose of the Caregiver Project is to increase awareness about abuse, neglect, and misappropriation of property in long-term care settings; and to encourage a team approach to reducing its occurrence. To reach this goal, the Office of Caregiver Quality, which is administering the project, contracted with the University of Wisconsin-Oshkosh to develop two phases of training.

The first phase is experiential training. The interactive, four-hour, experiential training is specifically designed for direct-patient-access employees and their managers who work in long term care settings. During the training session, caregivers interact in reality-based scenarios. This experiential training gives caregivers a unique opportunity to walk in the shoes of other caregivers, managers, residents/consumers, and family members. By actively participating in the scenario, caregivers learn:

- √ The red flags of abuse and neglect and how to identify them;
- √ Appropriate responses when abuse or neglect is suspected or observed, including reporting protocols;
- √ Strategies and techniques to protect residents and prevent abuse; and
- √ Promising practices to promote resident and staff safety, dignity, respect and health

Scenarios cover both facility-based and home-based settings and address the following issues:

- Emotional abuse
- Mental abuse
- Physical abuse
- Sexual abuse
- Verbal abuse
- Neglect and
- Misappropriation

Caregivers who attended the experiential training this spring, responded positively. Eighty-nine percent said they would recommend the training to a coworker. Individual comments included:

- “Really made one stop and think about "being there" puts a different light on the situation - VERY WELL DONE!!”
- “Wasn't just a boring lecture. Interactive learning was fun and more effective.”
- “Facilitators were excellent! Interactive in the best ways - "safe" (mostly scripted) role playing, lively sharing of information. Real-life scenarios with good amount of detail.”
- “Hands-on, relevant, motivational - very well done.”

The Caregiver Project will continue to provide the experiential training for the duration of the project. In fact, twelve additional training sessions are already scheduled for this fall, many of which will take place at long-term care facilities.

Phase two of the project consists of a series of four topical trainings targeted at either direct caregivers or their managers. The topics include “Keys to Professional Care Giving,” “Supporting Your Professional Caregiver, Internal Investigations,” and “Dealing with Difficult Clients.” These training sessions are expected to last between two to three hours each; and will be provided in all four of the pilot counties, starting this fall and ending in the spring of 2007.

The Caregiver Background Check Pilot ends on September 30, 2007. The Caregiver Project staff will spend the last few months of the pilot developing ways to disseminate the training materials so that they can be used by a wider audience.

To learn more about the Caregiver Project, visit the training website at www.CaregiverProject.org. To learn more about the Caregiver Background Check Pilot in general, visit the pilot website at <http://dhfs.wisconsin.gov/caregiver/fedBCpilot.htm>.

RAI/MDS – No Changes in Medicaid Coding

The Department of Health & Family Services is moving from a level of care-based Medicaid reimbursement method to an acuity-based method that uses MDS assessments to calculate RUG levels. This change does not affect how nursing homes code the MDS for their Medicaid residents. Nursing homes should continue completing MDS assessments, following requirements specified in the RAI manual. No additional MDS assessments are required, and Wisconsin continues to require the standard 2-page MDS Quarterly Assessment. Wisconsin **does not** require Medicaid resident MDS assessments to be coded as AA8b = 06 (Other State Required Assessment).

The Division of Health Care Financing will provide additional information on the changes to nursing home Medicaid reimbursement procedures in a future Medicaid Update release.

New RAI/MDS Education Coordinator

The Bureau of Quality Assurance (BQA) is pleased to announce that Margaret (Peg) Katz has been hired as the new RAI/MDS Education Coordinator in the Provider Regulation and Quality Improvement Section. Peg will be the Bureau's point of contact for nursing facilities with questions or concerns regarding the Resident Assessment Instrument (RAI) and Minimum Data Set (MDS). She will also conduct provider training programs for facility nursing staff around the state; and will serve as the Bureau's liaison to CMS and to Metastar, the Wisconsin Quality Improvement Organization (QIO), on issues regarding the RAI and MDS.

Ms. Katz comes to her new position from Northern Wisconsin Center in Chippewa Falls, where she was a nursing supervisor. She has also held nursing positions with Northwest Pathways to Independence, the Trempealeau County Health Care Center, St. Francis Hospital, and Lakeview Health Care Center. She has also worked as a nurse consultant for Proctor and Gamble. Peg attended the University of Minnesota with emphases on Psychology and Anthropology. After graduation, she worked as a case manager for Hennepin County's Department of Family Services in Minnesota. She completed her nursing education in Rochester, Minnesota. Peg has certification as a diabetic nurse educator, and has completed course work in "Train the Trainer" programs.

Peg assumed her new duties in BQA on July 10, 2006. She will be based in the Bureau's Western Regional Office, 610 Gibson St., Eau Claire, and can be reached by telephone at 715-836-6748 or via email at KatzMA@dhfs.state.wi.us. Please join us in welcoming Peg to her new position.

New OASIS Education Coordinator

The Bureau of Quality Assurance (BQA) is pleased to announce that Janie Harris has joined us as the new OASIS Education Coordinator. Janie is located in BQA's Provider Regulation and Quality Improvement Section, and is the Bureau's central contact for home health agencies needing technical assistance and consultation regarding the Outcome and Assessment Information Set (OASIS). Janie will conduct provider training programs for home health agency staff, work with BQA home health surveyors; and serve as the Bureau's liaison to CMS and to Metastar, the Wisconsin Quality Improvement Organization (QIO), on issues regarding OASIS.

Ms. Harris comes to her new position from the Mendota Mental Health Institute in Madison, where she worked as a nurse clinician with emphases on health assessment and health promotion and improvement programs. Prior to coming to Wisconsin, she had lengthy experience as a nurse in the State of Indiana. Janie is a Registered Nurse, with a nursing diploma from St. Mary's School of Nursing in Madison. She has also pursued extensive continuing education in nursing and psychology at Indiana University and the University of Wisconsin.

Janie assumed her new duties in BQA on July 17, 2006, and is based in the Bureau's Central Office in Madison. She can be reached by telephone at 608-267-3807, or via email at HarriJD@dhfs.state.wi.us. Please join BQA in welcoming Janie to her new position.

Home Health Agency Information

Wisconsin Act 187

2005 Wisconsin Act 187, enacted on March 23, 2006, authorizes medically related actions by advanced practice nurse prescribers (APNP). The Act specifically amends Chapter 50.49(1)(b) (intro) to allow a home health patient to be under the care of an APNP. It further allows the APNP to establish, and periodically review, the plan for furnishing items and services to a home health patient. Access the Act at www.legis.state.wi.us/2005/data/acts/05Act187.pdf.

The Bureau of Quality Assurance has determined that the authority given to APNPs in Act 187 **applies only to state licensed-only home health agencies**. Agencies that are federally certified for participation in the Medicare program must abide by 42 CFR 484, which has no provisions for physician extenders or APNPs.

Home Health Advanced Beneficiary Notification (HHABN)

The Centers for Medicare and Medicaid Services (CMS) issued the following statement regarding the HHABN:

“This note is to follow up on an announcement from CMS’s May 24 Home Health, Hospice and Durable Medical Equipment Open Door Forum. As discussed, CMS received a significant number of comments on the revised HHABN form and instructions. The comment period under the Paperwork Reduction Act (PRA) ended on May 23, and we are now in the process of reviewing these comments. In order to enable CMS to give due consideration to these comments and make any appropriate changes, CMS is extending the phase-in period for use of the new form through at least September 1, 2006. Thus, home health agencies may continue to use either the traditional HHABN or the revised version of the form until further notice.

“We will issue further guidance as soon as possible with respect to the deadline for final implementation of the new HHABN, and we sincerely appreciate your cooperation in this process. In addition, please note that we have now posted a new set of HHABN Questions and Answers on the CMS website at www.cms.hhs.gov/BNI. From the left menu, click on FFS HHABN, and scroll down the page to the “Downloads” section. There you’ll find a link titled: ‘HHABN Qs and As June 20, 2006.’”

Hospice Agency Information

Definition of Hospice

CMS has recently determined that hospices limiting their scope of service to treating only patients in residential facilities do not meet the definition of hospice as defined by Medicare. Section 1861(dd)(2)(A)(ii) of the Social Security Act defines a hospice program as a public agency or private organization that provides for such care and services in individuals’ homes, on an outpatient basis, and on a short-term inpatient basis. Entities that only provide hospice services

to their residents, and exclude outpatients, do not meet this definition and may not participate in the Medicare program as a hospice. This determination may also apply to hospices serving patients only in residential facilities that are not owned directly by the hospice.

Hospice care is an essential Medicare benefit that focuses on the patient and family, and provides special support to the dying. Medicare is committed to ensuring that all beneficiaries receive appropriate end-of-life care, tailored to their needs, and that they understand their rights and options. It was not intended to limit services to a select group, or to place any barriers to the provision of care.

CMS intends to require any agency not meeting the Medicare definition of hospice to develop a plan to meet the definition and come into compliance with Section 1861(dd)(2)(A)(ii) of the Social Security Act. CMS will then evaluate the plan to determine if it adequately addresses the issue. If CMS accepts the plan for correcting the issue, it will authorize BQA to conduct a visit to determine if the plan has been implemented and the issue corrected.

Questions regarding this issue may be directed to Jacqueline Lewis, Program Representative, at the Chicago CMS Office at (312) 353-8858.

Fires in Health Care Facilities

The National Fire Protection Association's (NFPA) March 2006 report, "U.S Fires in Selected Occupancies," summarizes the current trends of fires in health care facilities. The report provides detailed information of structural fire trends, when fires occur, leading causes, equipment involved in ignition, heat source, area of origin, item first ignited, and extent of flame damage.

The leading area of origin in facilities is the kitchen, followed by the laundry department.

Following is a summary of the data from 1999 to 2002:

- Hospitals had 3,150 fires each year, with an average of one death, 87 injuries and \$21.3 million in direct property damage.
- Nursing Homes had 3,680 fires each year, with an average of 11 deaths, 172 injuries, and \$12.6 million in direct property damage.
- January was the peak month for fires.
- Peak day for fires was Tuesday for hospitals, and Saturday for nursing homes.
- Peak time for fires are from 8-10 a.m. and 4-7 p.m.
- The second leading item ignited was electrical wire or cable insulation.

Sprinkler protection again demonstrated its benefits. A fully sprinkler-protected building has a death rate six times lower and property damage loss two times lower compared to a non-sprinkler protected building. Of the reported fires, 74% took place in nursing homes with sprinkler systems, while 61% of hospital fires involved facilities with sprinkler systems.

The complete report is available at www.nfpa.org - search for the term "USS12."

Nursing Home Fires in the United States

According to the current issue of HCPro's monthly newsletter, "Healthcare Life Safety Compliance," 4,130 fires were reported to have occurred in the nation's nursing homes in 2002. This number almost equaled the 4,190 reported in 2001. Approximately 40% of the fires reported in 2002 were cooking-related. Kitchens were the most likely point of origin.

The National Fire Protection Association (NFPA) issued a report, "U.S. Fires in Selected Occupancies," which identified the leading causes of nursing home fires. These were:

- Cooking equipment (41%);
- Various sources (23%);
- Clothes dryer or washer (14%);
- Heating equipment (9%);
- Smoking materials (7%); and
- Electrical (6%).

CMS Webcasts May-August 2006

Listed below are the CMS webcasts that were produced between May-August, 2006. They will be available for one (1) year after the date of broadcast. You may access these webcasts at <http://cms.internetstreaming.com/>.

- 5-19-06 Adaptation: Dealing with Changing Needs and Capabilities Part 3: Dealing With the Loss of a Body Part
- 6-23-06 SCG Semi-Annual News Magazine: Mind and Body Medicine
- 8-25-06 Primary Prevention: Preventative Measures Leading to Better Health Outcomes

Latest CMS Survey & Certification Letters

Listed below are selected Survey and Certification (S&C) Letters distributed by CMS during the last quarter. Titles pertaining only to state agency operations are omitted. The CMS Internet site for all S&C letters is www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp.

Title	Number	Date
Issuance of Revised Appendix P, SOM, Survey Protocol for LTC Facilities	06-13	5/1/06
Approval of Deeming Authority of the Accreditation Commission for Healthcare (ACHC) for HHAs	06-14	5/1/06
Clarification of Physical Therapy Service Requirements for Rehabilitation Agency Providers	06-15	5/11/06
Nursing Homes and Medicare Part D	06-16	5/11/06

Title	Number	Date
Clarification of the Amount of Air Movement Allowed Between Corridors and Resident Rooms	06-18	5/26/06
Nursing Homes - Issuance of New Tag F356	06-19	5/26/06
Implementation of the New Psychosocial Outcome Severity Guide	06-20	6/15/06
EMTALA - "Parking" of Emergency Medical Service Patients in Hospitals	06-21	7/13/06

State Expert Panel on the Evacuation of Healthcare Facilities

On May 2, 2006, an expert panel met in Wisconsin Dells to discuss and develop emergency evacuation and shelter-in-place policies that would be consistent for all healthcare facilities. The panel consisted of representatives from long term care and assisted living facilities, staff from the Bureau of Mental Health & Substance Abuse Services and the Bureau of Quality Assurance, a private consulting agency, and emergency management services. Dennis Tomczyk, Director, Hospital Disaster Preparedness, Wisconsin Division of Public Health, was the moderator for the panel.

The mission of the panel was to:

1. Identify those protocols that need to be consistent for all healthcare facilities, both in evacuation and shelter-in-place, so that training for both healthcare personnel and training for those that assist healthcare facilities can be better coordinated; and
2. Provide a template evacuation and shelter-in-place policy for healthcare facilities (for those healthcare facilities that have requested such a policy).

The panel reviewed the draft policy, developed by the State Expert Panel on the Evacuation of Hospitals, to determine what protocols apply to other healthcare facilities and to edit the draft to better meet the needs of healthcare facilities. The resulting template for healthcare facilities is at http://dhfs.wisconsin.gov/rl_DSL/Providers/dstrplng0506.htm.

When the various healthcare facilities met in May 2006 to help draft the policy on the evacuation of healthcare facilities, there was general consensus that nursing homes, assisted living facilities, and other such organizations need to be better integrated into emergency preparedness planning. The Hospital Disaster Preparedness Program of the Wisconsin Division of Public Health has budgeted \$200,000 for FY 2006 (September 1, 2006 through August 31, 2007) to help address this issue. The State Expert Panel on Healthcare Facilities will be reconvened to develop a work plan on how to better integrate nursing homes and other facilities into the state emergency preparedness initiatives.

Administrative Rules Update

HFS 83 – “Community Based Residential Facilities”

The HFS 83 re-write workgroup has completed the draft of the proposed rules for Chapter HFS 83. The goal of the workgroup was to eliminate excessively prescriptive language and improve readability and organization. The proposed rule clarifies medication administration requirements and revises staff training standards, establishing a more cost effective system for providers. The Rule Summary and draft rule are currently under review by the DHFS Office of Legal Counsel. For more information, you may view the Statement of Scope of proposed rules on the Wisconsin Administrative Rules web-site at <http://adminrules.wisconsin.gov>.

HFS 124 – “Hospitals”

On April 1, 2005, the Wisconsin Administrative Register published a Statement of Scope of proposed rules to amend Chapter 124. The Department is planning to update Chapter HFS 124 to eliminate overly prescriptive regulations, clarify the Department's enforcement authority, and make the rule more consistent with the federal Medicare requirements. For more information, you may view the Statement of Scope on the Wisconsin Administrative Rules web-site at <http://adminrules.wisconsin.gov>.

HFS 129 – “Certification Programs for Training and Testing Nurse Assistants, Home Health Aides and Hospice Aides”

On March 31, 2006 the Wisconsin Administrative Register published a Statement of Scope of proposed rules to amend Chapter HFS 129. Through this initiative, the Department proposes to make the rule more consistent with federal regulations, to include the feeding assistant and medication aide training and testing program requirements, and to reflect the Department's decision to standardize administration and operation of nurse aide competency evaluation by contracting for this service. An advisory committee was formed including advocates, educators, association representatives, workforce development specialists, and representatives from private industry. The committee is meeting regularly to review the proposed revisions to the rule and make changes, as necessary. For more information, you may view the Statement of Scope on the Wisconsin Administrative Rules web-site at <http://adminrules.wisconsin.gov>.

HFS 132 - “Nursing Homes”

BQA drafted proposed revisions to HFS 132 to eliminate duplicative state regulations that are already contained in other State law or federal nursing home regulations. The intent is to streamline the code by eliminating regulations that provide unnecessary specificity, and to adopt the applicable federal regulatory language. Public hearings were scheduled for the last week of July in Milwaukee, Eau Claire, Rhinelander, Green Bay and Madison. For more information, you may view the Statement of Scope on the Wisconsin Administrative Rules web-site at <http://adminrules.wisconsin.gov>.

HFS 133 – “Home Health Agencies”

The HFS 133 re-write workgroup, working with the advisory committee (including providers, consumers and association representatives) has completed the draft of the proposed rules for Chapter HFS 133. The goal of the committee was to make the rule consistent with federal regulations and to reflect current terminology and practice. The Rule Summary and draft rule are currently under review by the DHFS Office of Legal Counsel. For more information, you may view the Statement of Scope on the Wisconsin Administrative Rules web-site at <http://adminrules.wisconsin.gov>.

HFS 148 – “Cancer and Chronic Diseases Drug Repository Program”

Chapter HFS 148 has been amended to include prescription drugs and supplies for chronic disease, in addition to cancer drugs, in Wisconsin’s drug repository program. The revised rule was published in the Wisconsin Administrative Register, and will be effective August 1, 2006. For additional information, you may view the rule on the Wisconsin Administrative Rules web-site at <http://adminrules.wisconsin.gov>.

For additional information about Wisconsin’s Drug Repository Program, you may view <http://dhfs.wisconsin.gov/bqaconsumer/cancerdrugreposy.htm>.